

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
09/1750567

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	*	*	*	*
1	/						51	/		
2							52	/		
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Total Indep	10						Total Indep	44		
Total Depend		44					Total Depend	48		
Total Claims							Total Claims	52		

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